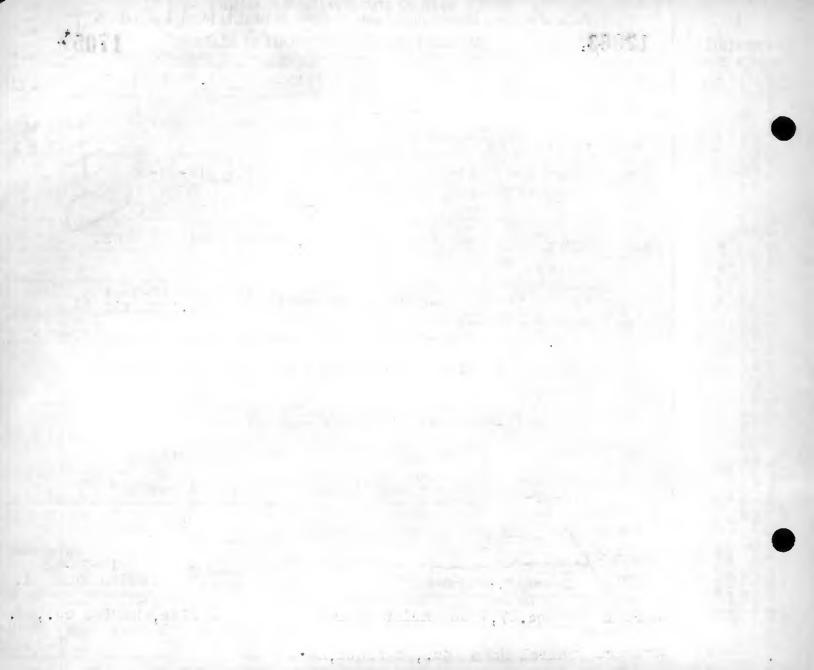
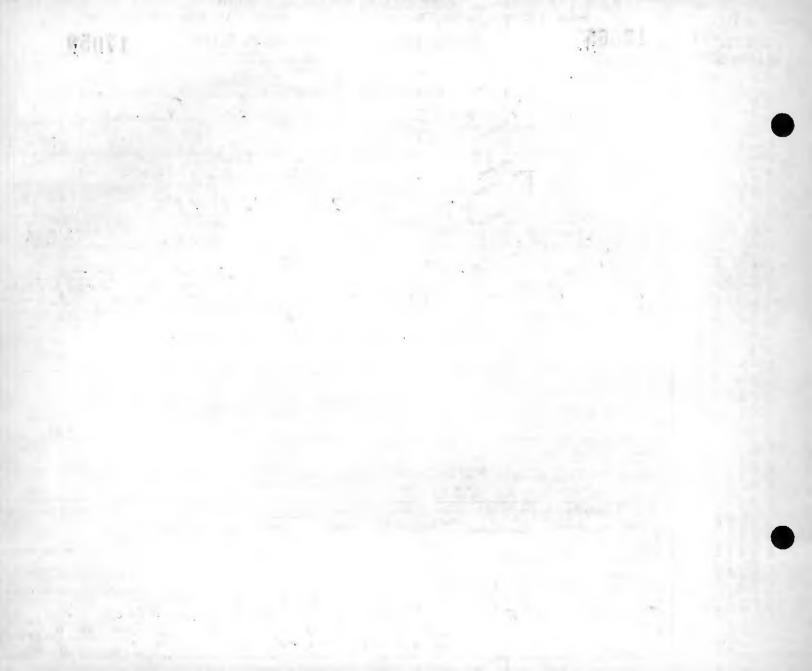
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland · CHarles Mt. Victoria Md delay is and 3 to M3. Page after death. MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (If outside corporate limits, La Pla La ond nive negrest town 12-Hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS hours ON A FARM? Item 18. Give Poges 1, Office along with farm Physicians Memorial LaPlata Md YES X NO ote This certificate shauld be executed within 24 hours ofter death. 3. NAME OF 12-23-66 4. DATE Year First Lost within 72 James Lee Bailey DECEASED 0F the DEATH 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. Male DATE OF BIRTH 9. AGE (In years 6. COLOR OF RACE 7 MARRIED NEVER MARRIED X birthdoy) Months Dovs Hours 8-2-1908 DIVORCED WIDOWED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Farming II SAMTRY? Mt. Victoria Md Farm Laborer ecute the certificate, writing the ward "pending" in pencil in Page 4 should be forwarded to the Chief Medical ExamineL's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil Florence Lucas James Bailev and 17. INFORMANT James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Goldsmit Hunt (Yes, no, or unknown) ((If yes give wor or dates of service) or removal, 218-2004-77 Mt. Victoria Md No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Injuries Multiple Extreme burial, crematian, DHE TO Conditions, if any, which gave (b) Being Run Over By A Tractor& Trailer rise to immediate couse (o). DHE TO 0 stoting the underlying couse 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Fracture Skull-Fracture Ribs, Ruptured Spleen 19. WAS AUTOPSY PERFORMED? NO XX please execute the certificate, ₽ pe 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
Was run over by a tractor & Trail 20o. EXTERNAL CAUSE WAS prior PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH designoted agent, (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) H1fortywine tyoffice bldg., etc.) Not While Mt Victoria Md may be retained for your FUNERAL DIRECTOR: Page 12-22-66 ot work at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry x Inspection . and in my apinian jo the funeral director. death resulted from: Natural payses . Accident X Suicide Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE G ASSISTANT MEDICAL EXAMINER 12-24-66 TO DEPUTY DEPUTY MEDICAL EXAMINER 10 **EXAMINER** Indian Head Md. E. Andrews Health o James MI Address (Street, city, town, or county) NAME (Typ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 230. BURIAL, CREMATION, 0 Bull 1a (Specify) Dec. 27,1966 Christ Church Wayside, Charles co., Md. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR Marley Judge VR A15ME (5) DATE JAN 1967 Archart Funeral Home Inc. La Plata Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY 2, and 3 to PM3. Page deoth. of Maryland Charles Charles MARYLAND Department b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give Aeacest town) write RURAL and give negrest town)
WICOMICO ofter Wicomico d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS ON A FARM Office olong with form 72 hours YES NO Item 18. Give Poges hours ofter death. 3. NAME OF Middle First Lost 4. DATE Month DECEASED he GEOFFREY DAWES BAKER December 66 within . (Type or print) DEATH with IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost hirthday) Davs White Male WIDOWED DIVORCED 647 100. USUAL OCCUPATION Give kind of work dor during most of working life even if retired) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! rd 'pending' in pencil in Chief Medicol Examiner's u-DAMU pencil 13. FATHER'S NAME be executed within INFORMANT WAS DECEASED EVER UN J.S. ARMED FORCES? 16. SOCIAL ECURITY NO. prunknown) (if yes give wor or dotes of service) removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic Cardiovascular Disease. 6 writing the word This certificate should cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a). forwarded to DUE TO stating the underlying couse 0 00 burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION YES X NO please execute the certificate, 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) designated agent, prior PRIMARY Or CONTRIBUTING should CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry ond in my opinian the funeral director. death resulted from: Natural causes Actident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER cels SIGNATURE DEPUTY MEDICAL EXAMINER 12/2/66 **EXAMINER'S** Heolth Charles S. Petty Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF 123d. LOCATION/IChy or Town 9 REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR AISME Milanleri 5 1956 DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Page nent of death. Charles 0 Charles Maryland MARYLAND ond 3 t Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town? Wicomico c. CITY OR TOWN (If outside corporate limits_write RURAL and give negrest town) LENGTH OF STAY IN 16 after Wicomico d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC form hours tem 18. Give Poges NO ate after death. Office along with NAME OF Middle 4 DATE First last Doy Year within 72 DECEASED LYNETTE BAKER December 66 Ε. Type or print DEATH IF UNDER 1 YEAR B. DATE OF BURTH 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Doys Hours W. DIVORCED event 24 hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY = 13. FATHER'S NAME 14. MOTH penci ER'S MAIDEN NAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. AT MED FORCES?
(Yes, n.y., or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT permit. e, writing the word "pending" i forwarded to the Chief Medical removal. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH CAUSED BY: OMMEDIATE (AUSE (o) Arteriosclerotic Cardiovascular Disease. Ö writing the word buriol, cremation, DUF TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS? PERFORMED? please execute the certificate. YES X NO pe prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 4 or Port 11 of item 18.) 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work designoted 21. I certify that I taak charge of the remains described above, held an Autopsy [X]. Inquiry Inspection [and in my apinian funerol director. death resulted fram: Natural causes. Accident Suicide Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED leste ASSISTANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 12/2/66 10 **EXAMINER'S** Charles S. Petty Heolth Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION City OF Tow BURIAL, CREMATION 23b. DATE THEREOF 0 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (3

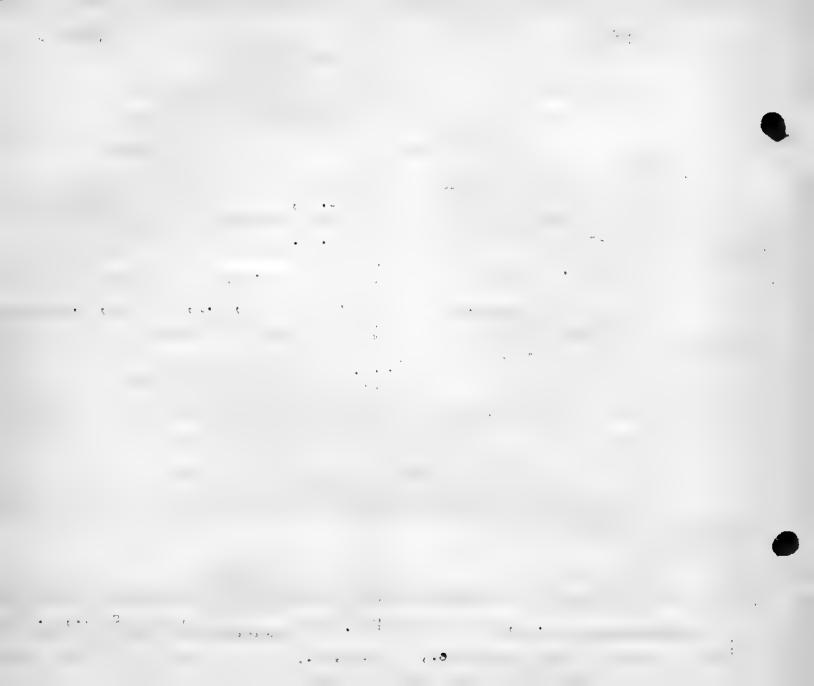


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17066 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY harles harles af death. MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) and Benedict. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? hours Office alang with farm Patuxent River Rural NO A n Item 18. Give Pages ate YES 3. NAME OF Middle 4. DATE Lost Month Doy within 72 DECEASED OF Randall December Bland uo ene DEATH with B DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) Months Doys Hours White WIDOWED OIVORCEO CV 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of waring life, even if retired) COUNTRY Maruland Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Jessie Marie Brooks aurence Bland IS. WAS DECEASED EVER IN U.S. ARMED FORCES? rd "pending" in Chief Medical E (Yes, no, or unknown) (If yes give wor or dates of service or remayal. Father same as # 2 above 18. CAUSE OF DEATH (Enter only one couse per line for (o), to and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Ward This certificate shauld crematian, DUE TO Conditions, if ony, which gove rise to immediate cause (a) stoting the underlying couse D 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO please execute the certificate. 0 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, priar CAUSE OF DEATH 20c. TIME OF INUIRY Month, Day, Year 20d INJURY OCCURRED (Stote) may be retained far yaur FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsv Inspection Inquiry . and in my opinion Natural causes the funeral director. death resulted frama Suicide Homicide Undetermined manner. ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be ro FUNERAL Health ar ? necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Bureal (Specify) benezen Great Mills 24. FUNERAL DIRECTOR VR A15ME (5) & 1966 Clarke Matting Leonardtown. 6M 1/66

17059 to take the first term of the second control and the second of the force of the control of the force of the control of the contro

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17067 CERTIFICATE OF DEATH 18056 certificate be executed within 24 hours ofter death. death filled in by the funeral popers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) popers. Pag hin 72 hours a write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. NO P YES event, within NAME OF Middle First 4 DATE Year remove corbon Lost Doy and completely DECEASED 30 NOER 19 6 Type or print DEATH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 7 MARRIED DATE OF BIRTH Doys lost birthdoy) Months Hours and in any WIDOWED 10n. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life INDUSTRY COUNTRY? Sicion ARLESEO 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME or removal. 17. INFORMANT 16. SOCIAL SECURITY NO. LAPLATAMA requires that the death the otherdir (Yes, no, or unknown) (If yes give wor or dates of service cremotion. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line-fory(o), (b), and (c).) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a) DUE TO stating the underlying couse os the hos be≡n lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Heolth NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 5 be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detoche should be filed with the Stote Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. While Not While factory, street, affice blda., etc.) ot work at work 21. I certify that (I) (this haspital) attended the deceased fram_ ____, 1966, that (I) (we) last Dec , 19 66, to 30 Dec 1966, and that death accurred at 8104 M, fram causes and an the date stated above saw the deceased alive an_ 22b DATE SIGNED 22o. SIGNATURI **ATTENDING** M.D. DIRECTOR PHYS. PHYS. 22- PHYSICIAN 22d. ADDRESS NAME (Type) APWOULD MOGDOY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL CREMATION DATE THEREOF (Stote) (County) PUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence belore admission) e. COUNTY b. COUNTY and 3 to the funeral director. Page necessary, ŏ Maryland Charles Charles MARYLAND retained for your files. Department death. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN lif outside corporate limits, write RURAL and give regrest town write RURAL and give neerest town Dentsville entsville Rural Dentsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with the State [72 hours after of YES NO NAME OF 4. DATE Month Day DECEASED OF (Type or print) DEATH may be 5. SEX DATE OF BIRTH AGE (In years IT UNDER 1 YEAR 7. MARRIED FYNEVER MARRIED IF UNDER 24 HRS White Jasi birthday) Male Months Hours De WIDOWED DIVORCED within 10a. USUAL OCCUPATION IGive kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Steta or foreign sountry) 12. CITIZEN OF WHAT COUNTRY Item 18. Give Pages 7, 2 with form PM3. Page done during most of working life, even if refired)
Mechanic- Refrigeration within 24 hours W. Va. IISA File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William C. in any Coolev Maude E.King Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown) (Ityasgivawerordatasolaervice) and Unkown Bettie Cooley Rt 3 La 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN Of remova CONSET AND DEATH burial-transit DEATH WAS CAUSED BY: in pencil eny, which cremation, "pending" gave rise to immediate caus should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a (a), staying the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) WAS AUTOPSY CERTIFICATION prior to burial PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial YES NO 20e. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 206 DESCROTE HOW NURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF MJURY (Home, farm, fectory street, office bldg., atc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20f. (City)or town) (County) (State) Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection loquiry and in my opinion MEDICAL. death resulted from: Natural causes Accident 17 "Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b/DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Dec. 26, 1966 Trinity Mem. Gardens CECO BY REGISTRAR'S SIGNATURE Waldorf, Charles Co., Md. Buria 23. FUNERAL DIRECTOR Funeral Home Inc., La Plata, Md VR AISME 5M 1/63

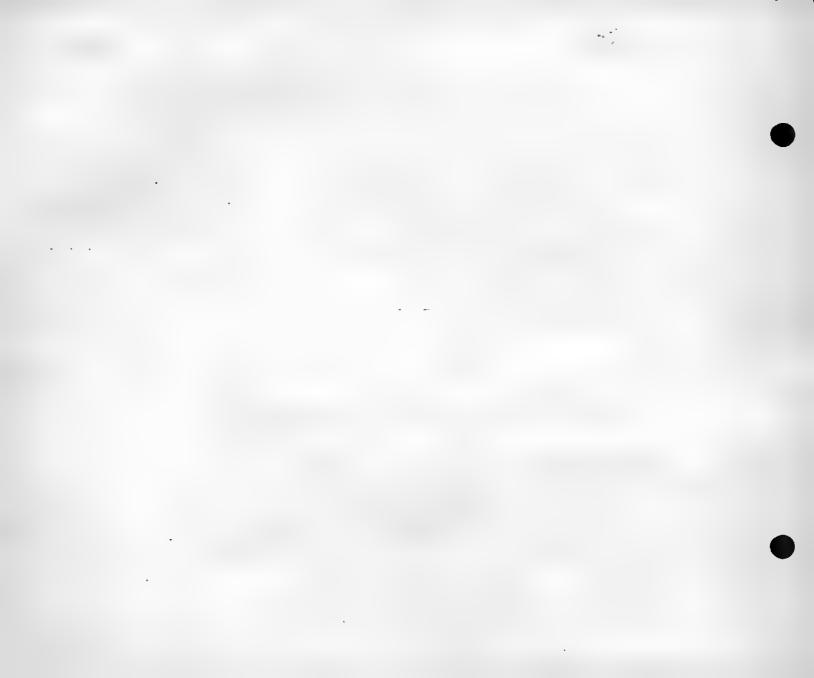


CERTIFICATE OF DEATH Reg. Dist. N with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a COUNTY b. COUNTY MARYLAND VLAND CHARLES b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give negrest town? D LDORF d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION CHARLES OX YES NO IN .9 NAME OF 4. DATE First Middle Month Day Year DECEASED (Type or print) DEATH 196 S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) YROGRAM U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GOODEN BERGER IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO WALDORF, M ease CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET, AND DEATH T PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which] gave rise to immediate couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? EATTYES | NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. Nat while While at work at work p. m. 21. I certify that attended the deceased from... __.that I last saw the deceased and that death occurred at alive on // M, from the causes and an the date stated above. acl ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior FUNERAL DIS PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) egod REMOVAL (Specify) CAKLAND 0 ADDRESS **FUNERAL DIRECTOR'S SIGNATURE** 24b. REGISTRAR'S SIGNATURE VS A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



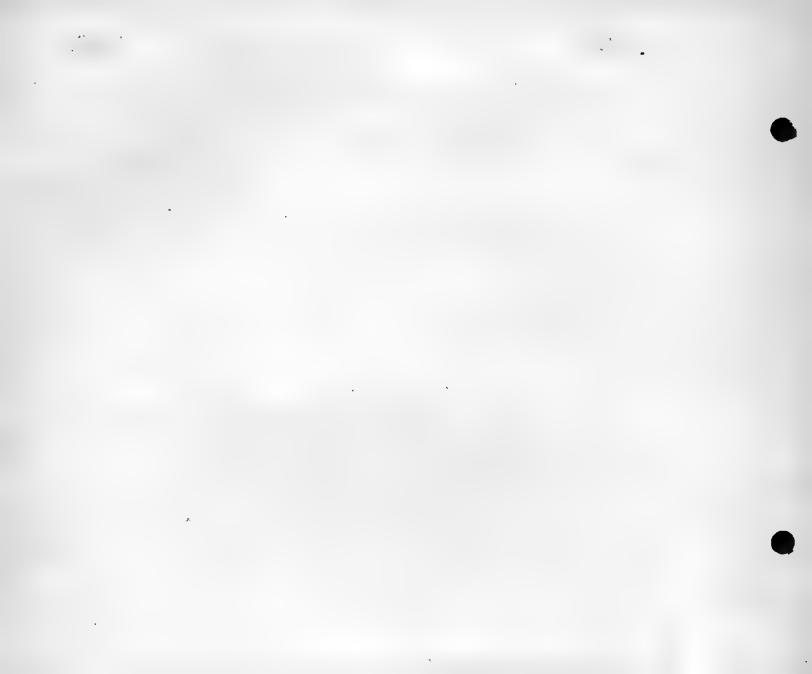
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17070 CERTIFICATE OF DEATH 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY Charles New York Madison lease remove carban papers. Pages 1 and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and gave pegrest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Bridgeport filled in I d. STREET ADDRESS IS RESIDENC d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Physicans Memorial Hospital R.D. YES 🗍 NO. mauries that the death certificate be executed within 3. NAME OF First Middle 4. DATE Month Doy Year DECEASED 0F 12 19 (Type or print) DEATH 5. SEX 6 COLOR OR BACE 7. MARRIED **NEVER MARRIEO** AGE (In years lost pirthdoy) Months Doys Hours WIDOWED DIVORCED 10o JSUAL OCCUPAT ON (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY physician Middleton New York Sales Manager Borden 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya Unkown Unkown the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT New York permit, (Yes_no, or unknown) (If yes give war or dotes of service) 029-85-9182 Heffron -Wife Bridgeport May Bell Yes crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions if ony, which gove (b) rise to immediate couse (a), DUE TO storing the underlying couse d far use as the of Health priar to has been lost. WAS AUTOPS PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO. 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg , etc.) Not While ot work of work O FUNERAL DIRECTOR: After 21. I certify that (i) (this haspital) attended the deceased from 10 - 2-2 1966 ta 12-12-. 1966 that (1) (we) last saw the deceased alive an 12-12-1965, and that death accurred at Manager from rauses and an the date stated above. 22b. DATE SIGNED 22g. SIGNATURE ATTENDING 12-13 M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, p 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) RMOYAL(Specify) Moringside Cemetery Syracuse New York Jamesprestreet, N.Y. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Home Syracuse DATE DEC



1	MARYLAND STATE DEPARTMENT OF HEALTH
R STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17071 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17064
H DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY
191	CHARLES MARYLAND CHARLES
A.V.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give naarast fown) c. CITY OR TOWN (if outside corporate limits, write RURAL and give naarast fown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. 15 RESIDENCE
20	ON A FARM? YES I NO
	3. NAME OF DECEASED A HARD A GOLD OF Month Day Year OF DECEASED OF DEATH 17
-	5. SEX M SCOLOR OR RACE 7, MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE IN years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED JUNE? 1905 Bast birthdey) Months Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	CARPENTER HOME CONSTR. MARYLAND U.S.A
	11/11/11/11/11
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unique) (Hyesgive was ordates of sarvice) 216-12-13256 JOHN JOHN SON LA PLATA, MD.
	18. CRUSE OF DEATH [Enter only one eause per line for (et, jb), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
	IMMEDIATE CAUSE (a) A POULULY - CULTUSTON 17.16-60
	Conditions, Wany, which (b) Let lifet bee
	gave rise to immediate cause (a), stating the underlying DUE TO
L	causa fast. (c)
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(=) 19, WAS AUTOPSY PERFORMENT OF THE PART OF THE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? PERFORMED? 20b. EXTERNAL CAUSE WAS OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTI
- 1	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, (erm, Hour a,m., While Not While factory, street, office bldg., etc.) 10
	p.m. 19 st work st work 10 st work 11 certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
١	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S IN T. EDELEN, LAPLATA, Maderian (Street, city, town, or county)
	12e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) (State)
	BURIAL 12-20-66 ULD DURHAM CEM. IRONSIDES MID.
0	23. FUNERAL DIRECTOR Appress The shired Finneral Storms Up Paul Med DEC 2 2 1056
L	Thomas Horry Micheller , Marie DEO ~ ~ 1000



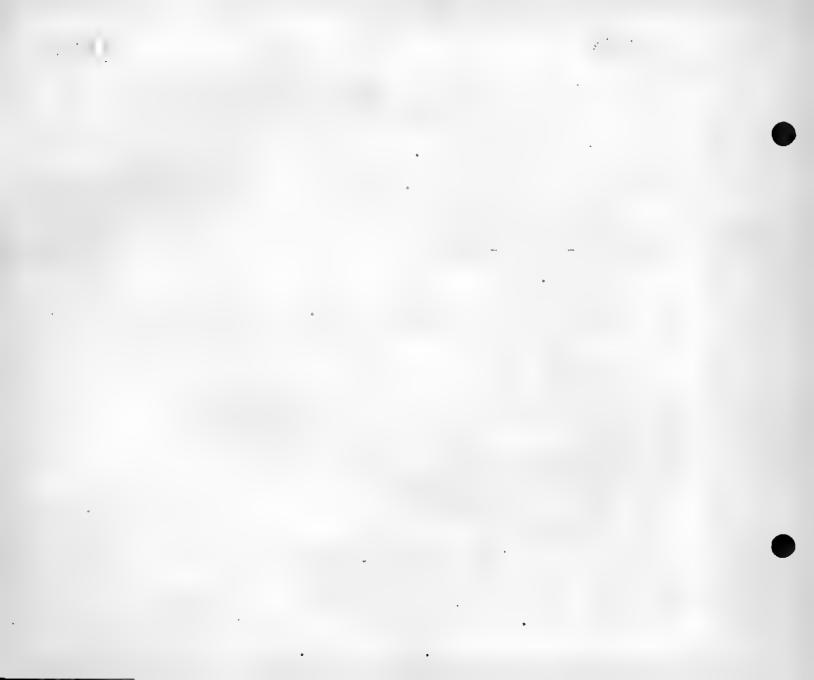
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17072 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, function Residence before admiss on) o. COUNTY o. STATE b. COUNTY death. MARYLAND b CITY OR TOWN (Loctside corporate limits, c LENGTH OF STAY N 16 C CHX OR TOWN (If outside corporate limits, write RURAL and give negrest town) OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? NAME OF First Middle 4 DATE Month DECEASED Q.F DEATH 6 COLOR O'R RACE IF UNDER 7 MARRIED AGE (In years IF UNDER ON (Give kind of work done 10b KIND OF BUS NESS OR TI BIRTHPLACE 12 CITIZEN OF WHAT post of working life, even if retired INDUSTRY penci 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within IS WAS DECEASED EVER IN U.S ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO. be executed or removal, (Yes no or une nown) (fives a ve wor or dotes of service 1B. CAUSE OF DEATH (Enter on y one couse per fipe for (a) (b), and (c)) NTERVA. BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (O)_ should writing the ward cremotion, 0.611 DUE TO forwarded to the Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(a) YES Page 4 should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port ow/Part II of item 1B.) ogent, prior PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH MEDICAL 20c T.ME OF INJURY Month, Day, Year 20d INJJRY OCCURREDA ** 20e PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg , etc.) 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age of work 21. I certify that I taok charge of the remains described above held an Autopsy Inspection Inquiry ond in my opinion the funerol director. Accident Suicide death resulted fram Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b 'DATE THEREOF 23d LOCAT ON (City or Town) 250 REC'D BY REG STRAR VR A15ME (5) DATE 6M 1766



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 17073 OF DEATH The law requires that the death certificate be executed within 24 hours after death by the ottending physician and completely filled in by the funeral ronsit permit. Elisea please remove corban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on, Residence before admission) a. COUNTY b COUNTY A MARYLAND b CITY OR TOWN (f autside carparate imits, c 1ENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) ve corban papers. Pag event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO IX NAME OF First Middle 4. DATE Last Month Doy Year DECEASED 7 FORGE OF DEATH 4 X/77/S 2 amuel 1966 (Type or print I YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthday) Months Davs Hours Min. and in ony 10o USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working to even if retired) UNDUSTRY COUNTRY? Chicago, Illinois 14. MOTHER'S MAILEN NAME 13. FATHER'S NAME or reman Margaret Terise Shugrus FEORGE BURIS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 023 GRANDIN AVE 279-10-683 GEORGE (Yes, no, or unknown) (If yes give wor or dotes of service) LANDIS TT ves ROCKVILLE , MD cremotion. 18. CAUSE OF DEATH (Enter anly one cause per line for Id). INTERVAL BETWEEN (b), and (c).) signed by the burial-tronsit puriol, cremotic PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) physicion DUE TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending os the prior to this certificate has been last. use os PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? Heolth r NO T ē 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After at wark at work . 19 6 Cthat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 30 1946, to ploods 19 GG, and that death occurred at 6:28/M, from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. director, page should be filed 22C PHYSICIAN'S JARWOOD CLIMIC, LARATA, NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 12/6/66 Arlington National REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FLIMERAL DIRECTOR **ADDRESS** 250 VR A15 (4) 1966 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17074 CERTIFICATE OF DEATH and campletely filled in by the funeral fremove carbon papers. Pages 1 and 2 in ony event, within 72 hours after deatlf. requires that the death certificate be executed within 24 hours after deoth. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Charles Martland Charles MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURA and give nearest town) La Plata d. NAME DF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Physicians Memorial Hosp. NO 🕞 YES 3 NAME OF 4. DATE Doy Year DECEASED (Type or print) 196 DEATH 6. COLOR ORARAG 9. AGE (In years NEVER MARRIED last b rthdoy) Doys Hours Sept. DIVORCED 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY England Gardening-Nursery owers 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificote has been signed by the attending pty director, page 3 should be detached for use as the buriol-transit permit. Then should be filed with the State Dept. af Health prior to burial, cremation, or removal John Lev Louisa King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Unkown Mrs. Merion McKenna-Neice Phil 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or ottending physicion. DUF TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 12 - 10saw the deceased alive an_ 6, and that death accurred a M. fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY DR CREMATORY 23a BURIAL CREMATION. 23b. DATE THERED F 23d. LDCATION (City or Town) (County) (Stote) BaREMOVAL (Specify) Dec.29,1966 Cedar Hill Suitland Md. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Funeral Home Inc., La Plata, Md. DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17075 CERTIFICATE OF DEATH death. erificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages I and . PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut and Residence before admission) a. COUNTY b. COUNTY and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest town) we te RURA) and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? MEMORIAL YSICIANS NO N YES 🗍 3 NAME OF Middle .. YER 4 DATE Month Year DECEASED (Type or print) **OF** 00 19605 DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED irthdov) Manths Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) dut ng mast of warking I te, even if retired) INDUSTRY Prince George Co., Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending physical parties of the parties of th burial, cremation, ar remaval, Samuel T. Uron Clara Seltzer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) 218-54-5642-T Wm. H. Mayer Jr. La Plata, Md. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (o) anterio selvohic Leat DUF TO Canditions, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending **D FUNERAL BIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at wark TO FUNERAL MIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from <u>L</u> 19 Cand that death occurred at 10 PM, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATUL 22h. DATE SIGNED ATTENDING MD. DIRECTOR PHYS 22d. ADDRESS NAME (Type) 23a BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Plata Charles Mt. Rost Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Funeral Home Inc., La Plata, Md.

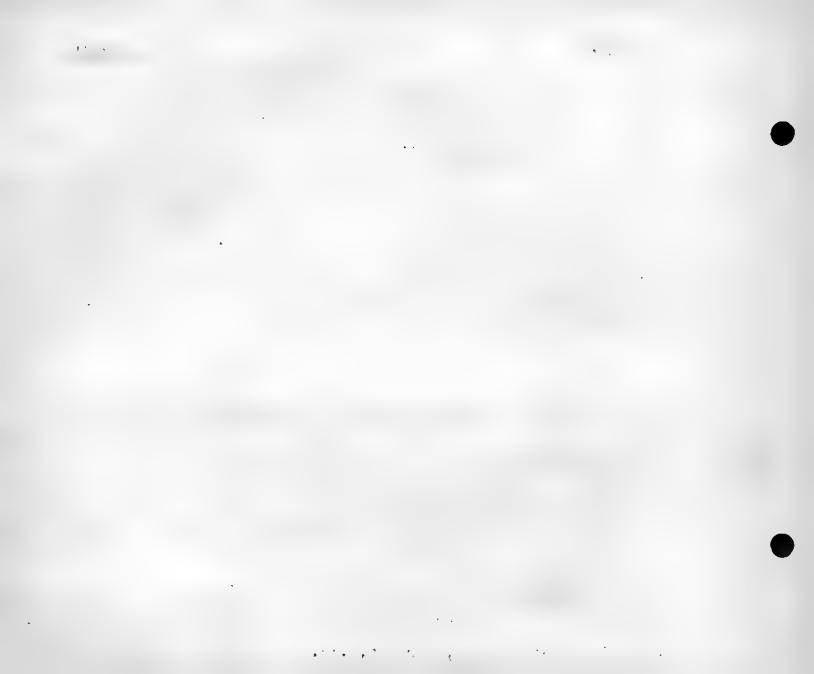
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth.

MARYLAND STATE DEPARTMENT OF HEALTH

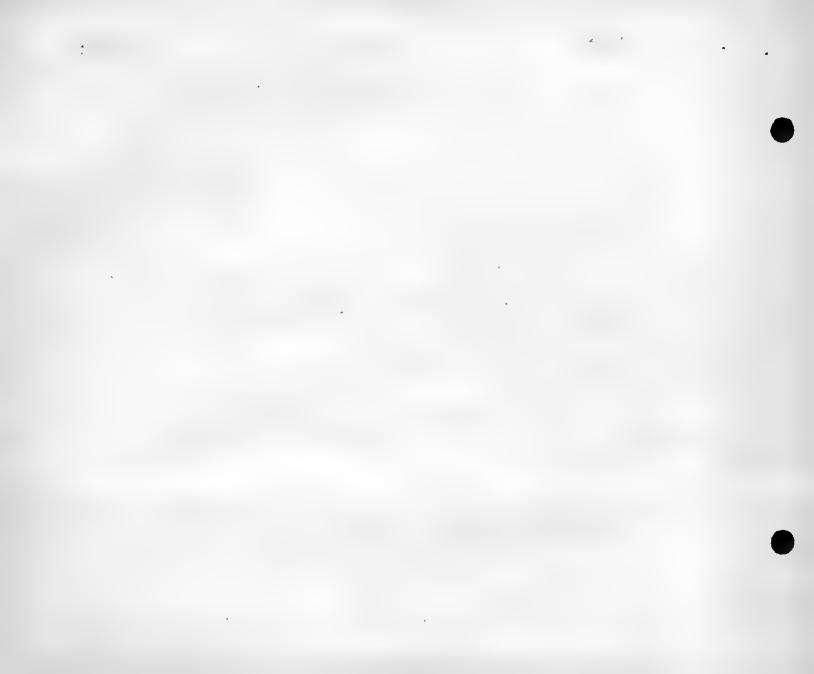
7 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, SUT W. PRESTON STREET, BALTIMORE, MARTLAND 21201						
,		17076	CERTIFICATE	OF DEATH	169			
		COUNTY CHARLE	2 S MARYLAND	USUAL RESIDENCE (Where deceosed lived, if institut on Resident o. STATE b. COUNTY	se before odmission) ARL C5			
	ł	o CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town)	C LENGTH OF STAY IN 15	c CITY OR TOWN (If autside corporate limits, write RURAL and give	negrest town)			
,	0	NAME OF HOSPITAL OR INSTITUTION (if not	t in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO			
		NAME OF FOR A FIRE PROPERTY OF THE PROPERTY OF		Dowald 4 DATE Month OF DEATH DEC	Poy Year 19 6 6			
	_	EMALE 6 COLOR OR RACE	7 MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9 AGE (In years losy bighday) 12-10-1900 15 Yrs.	Days Hours Min.			
	10o duri	USUAT OCCUPATION (Give kind of work done no not not working if e, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY		TZEN OF WHAT LUNSRY 3			
	13	FATHER'S NAME DSCAR	Nester	SohiA STALNAKER	2			
	IS, (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s. nd. of unknown) (If yes give wor or dotes of	service 232-0-6386B	NFORMANT PRICE, LA P4	ATA, My			
		1B. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1	ONSET AND DEATH			
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		rise to immediate couse (a), stating the underlying couse lost.	το (ε)		(
)	ATION	17.	ONTRIBUTING TO DEATH AUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO			
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING III OR CONTRIBUTING III CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Port or Port II of Item 18.)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		CE OF INJURY (Home, form, ory, street, affice bldg., etc.) (City or town) (Cou	unity) (Stote)			
		saw the deceased olive an	pital) attended the deteased from	t death occurred at 1.15 M, fram causes and an t				
		220. SIGNATURE	h. hatein, M.O	D. ATTENDING MED DIRECTOR PHYS D	ATE SIGNED			
/		22c. PHYSICIAN'S NAME (Type)	o M. Monteiro	220 ADDRESS 300 SUT TA (1)	o, Md,			
	£	BURIAL, CREMATION, 236 DATE THE	-66 PARSONS (EMETERY PARSONS, TUCKE	(County) (Stote)			
	_	. FUNERAL DIRECTOR reenlief Funeral	Home, Parsons, W.	DEO 1 9 40 CC 1// 40	CHAMBRE Judge			

VR A15 (4) 20 M 1/66

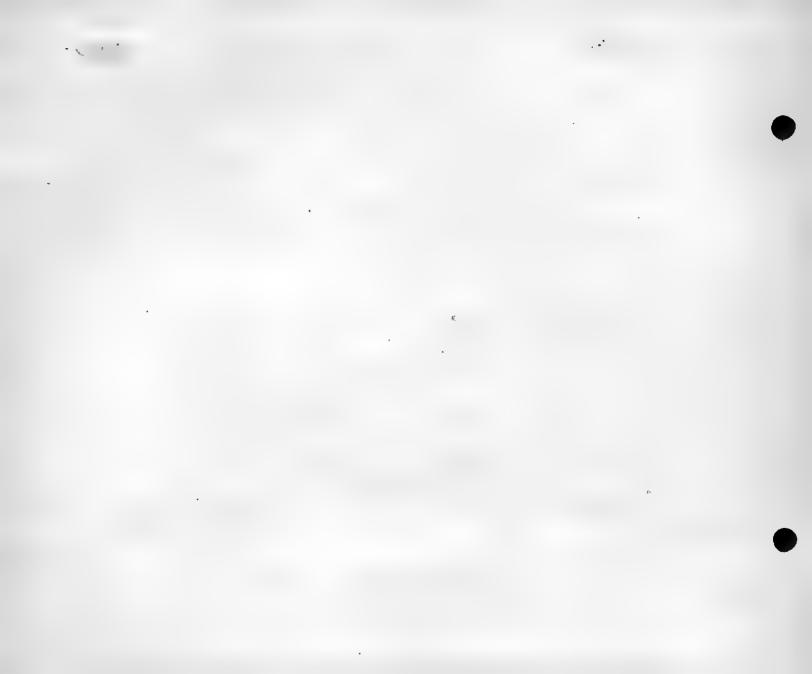




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17078 deoth requires that the death certificate be executed within 24 hours after death d completely filled in by the funeral amove carban popers. Poges 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 1b CITY OR TOWN (If autside carparate limits. c CITY OR TOWN (If autside carparate limits, write RURA), and give negrest town) write RURAL and give nearest tawn) popers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF First Middle Last 4 DATE Manth Year Day DECEASED ERIC ETZOLD 19666 (Type or print) DEATH S. SEX IF LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED K DATE OF BIRTH 9. AGE (In years NEVER MARRIED emove lost birthday) Manths Dovs Hours WIDOWED DIVORCED 100 USUA, OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired COUNTRY 2 LNDUSTRY -INDENAN 13. FATHER & NAME 14. MOTHER'S MAIDEN NAME or remayal, 204 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) -09-7144 cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART 1. DEATH WAS CAUSED BY ONSET AND DEATH CCLUS IMMEDIATE CAUSE (a) signed by DUE TO burial. Conditions, if only which gove rise to immediate cause (a) DUE TO stating the underlying couse Poge 4 moy be retained by the haspitol or ottending O FUNERAL DIRECTOR: After this certificate has been prior to os the last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION with the Stote Dept. of Health YES NO jo 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) Haur a.m. factory, street, office bldg., etc.) Not While 19 21. I certify that (I) (this hospital) attended the deceased fram_ 1966, that (1) (we) lost _1966, and that death occurred at AM, fram causes and on the date stated above saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. PHYS DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb VR A15 (4) WALDORF, MD. 20 M 1/66



Chroma I (A)	<i>,</i> ; 3	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STAYE	기	17079 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
MALTH DIPT		PLACE OF DEATH O COUNTY O STATE MARYLAND 2. USUAL RESIDENCE; (Where deceased lived, if institution; Residence before admission) O STATE O STA
2, and 3 ta PM3. Page partment of after death		b (ITY OR TOWN (if outside corporate limits, write RURA, and give nearest town) write RURA ond give peacest town)
THE SE	٠,٠	D NAME OF HOSPITAL OR INSTITUT ON (If not 1) hospital, give street oddress) ON A FARM? YES NO
after death. If a 8. Give Pages 1, along with farm with the State De within 72 haurs	ľ	NAME OF SITS BERNARD Lost 4 DATE Month Day Year DECEASED (Type or print)
haurs after death Item 18 Give Pages Office along with far and 2 with the State		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years berthday) WIDOWED DIVORCED DEC 27 1927 Starthday) WITS. WITS.
1 24 haurs I in Item I er's Office ges 1 and 2		00 LS JAL OCCUPAT ON (Give kind of work done uring most of work for eyen fretred) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 (IT ZEN OF WHAT LOUNTRY) 12 (DUNTRY)
n pencil in Examiner's Examiner's energy ges	Mary .	3. FATHER'S NAME JAMES T. POWICES SCITH DOWICES.
executed within anding in pencil Medical Examine permit in the permit in		S. WAS DECEASED EVER NUS ARMED FORCES? Yes no, or unknown) (Fyes give wor or doles of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address WARNIN TO WEPAL Home Bowling GREE -
be execute "pending hief Medica allisit permit		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONE TAND DEATH ONE
ate shauld be eg the ward "pered to the Chief is a burial-tramsit cremation, ar re	,	Conditions, if only, which gove)
ficate s ing the ded ta as a bi		nse to immediate couse (a), storing the underlying couse (bst (c) 4
This certificate shauld be executed within 24 haurs cate, writing the ward "pending in pencil in Item 1 be farwarded to the Chief Medical Examiner's Office 1 be used as a burial-transit permit are pages land? in to burial, crematian, ar remayal, each many event		PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? YES NO
INER: The e certificate certificate shauld be files. 3 shauld be shauld be rint, prior the		
EXAMINER: Ute the cert age 4 shaul your files. Page 3 shau	7	20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e P.ACE OF INJURY (Home, form Hour a.m. While hat Wh. e of work of wo
AL EXA execute r. Page l far yal fOR: Page		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection
MEDIC please I directa retained DIRECT		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
o DEPUTY MEDICAL EXAMINER: I necessary, please execute the certif or the fumeral director. Page 4 shauld b 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior	2	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Address (Street city, town, or county)
TO DI nece than 5 mi		30 BUR AL, CREMATON, 23b, DATE THEREOF 23c, NAME OF SEMPLERY OR CREMATORY 23d LOCAT ON (GIV) or Town) (COLONY) (STOLE) TREMOVAL SPORTS (27-1/-66) ST. VETERS PORT KOYAL CAROLINE, 1/A.
VR A15ME (5	,	ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS 1/4. DEC 1 2 1966 FURNISHED ROLLING PROCESS ADDRESS ADDRES



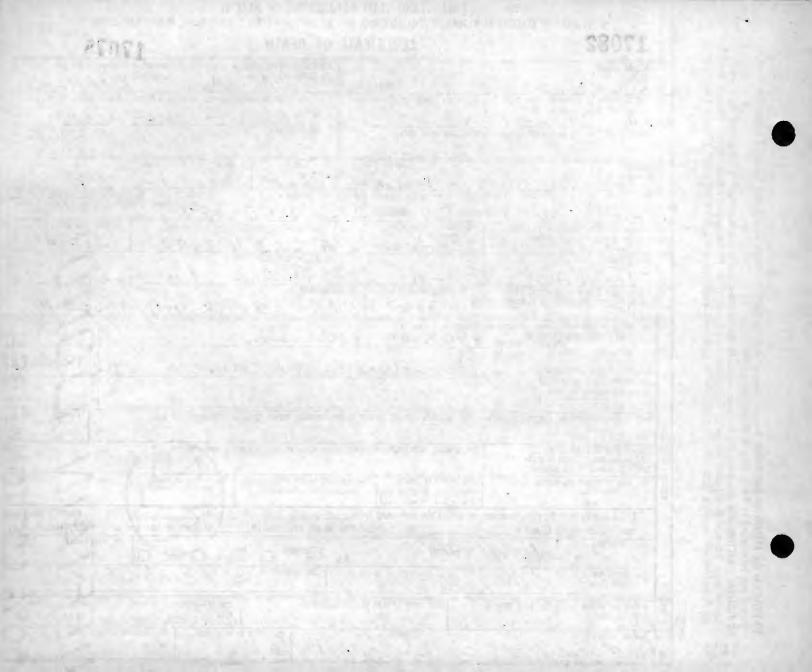
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death. completely filled in by the funeral nave carbon papers. Pages V and 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) 1 PLACE OF DEATH b. COUNTY o. COUNTY - unice & MARYFAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate limits, (If outside corporate limits, write RURAL and give nearest town) write RURAL and give acorest town) IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES TO NO 🖂 NAME OF first Middle 4 DATE Month Dov Year Lost DECEASED eibach 19 66 OHN DEATH (Type or print) IE UNDER I YEAR IF JINDER 24 HRS. 5 SEX DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** Months last birthdov) Dovs Hours male Cancasian WIDOWED DIVORCED in any 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life/even if refused) INDUSTRY physician · lund Very law requires that the death certified 13 , FATHER S NAME 14. MOTHER'S MAIDEN NAME remavai INFORMAN1 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) WW 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit Accident ONSET AND DEATH erebrovascular IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ase to immediate couse (a) DUE TO stoting the underlying couse attending has been far use as the last WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO nertension Page 4 may be retained by the haspital ar this certificate 200 ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (State) 20c TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) Hour o.m While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased fram 3 Dec 1966 . to . 19 (26, that (I) (we) lost 1966, and that death occurred at 34 AM, fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive on 4D 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) directar, p 23d LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL CREMATION. REMOVAL (Specify) Colmar Manor Pro Geo Md. Ft Lincoln Cemetery Dec 7. 1966 Burial ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR F. Gasch's Sons Hvattsville, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1708 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: o. COUNTY o. STATE **b** COUNTY Charles Maryland ď Charles death. MARYLAND delay Department b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate mits, write RURA, and give negrest town) after Nanjemoy Nanjemov d NAME OF HOSP TAL OR INSTITUTION (If not in hosp to, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? haurs (Office along with form e State (72 hau YES K NO in Item 18 Give Pages 24 haurs after death. NAME OF Midd e Lost 4 DATE DECEASED OF TOLA within THOMPSON December 21 19 66 (Type or print DEATH FUNDER 1 YEAR AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Doys Hours Female White W-DOWED DIVORCED and 2 evegf 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUS NESS OF 11. B RTHPLACE (State or fareign country) 12 CT ZEN OF WHAT during most of working life, even if retired) nempLoyed COUNTRY? INDUSTRY pages l Charles Co., Md. ef Medical Examiner's pencil 13 FATHERS NAME 4 MOTHER S MAIDEN NAME be executed within William Thompson Clarinda Davis and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) permit. removal. Irene Dunbar, Nanjemoy, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH burial, crematian, ar Intracerebral Hemorrhage. IMMEDIATE CAUSE (o) This certificate shauld writing the ward DUE TO Conditions, if any, which gove nse to immediate couse (o). DUE TO stoting the underlying couse shauld be farwarded 95 nsed 19 WAS ALTOPSY PERFORMED? PART II OTHER S GNIFICANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION please execute the certificate, YES X NO ₽ 20o. EXTERNAL CALSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of mory in Port or Port I of Item 18) shauld designated agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF IN. JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (Stote) Hour om foctory, street, office b dg . etc) Not While FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry | and in my apinion death resulted from. Natural causes X Accident Suicide Hamicide Undetermined manner the funeral directar be retained CHIEF MEDICAL EXAMINER ACTUAL hauter 22. DATE SIGNED Health or its ASSISTANT MEDICAL EXAMINER 3 SIGNATURE DEPUTY MEDICAL EXAMINER 12/22/66 **EXAMINER'S** may Charles S. Petty NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUR AL, CREMATION, (County) (Stote) 9 Dec.23,1966 Chicamuxen, Charles, Md. Chicamuxen M.E. 24 FUNERAL DIRECTOR VR A15ME (5) Funeral Home Inc., La Plata, Md. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17082 CERTIFICATE OF DEATH ve carban papers. Pages 1 and 2 event, within 72 hours after death. death. funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY filled in by the longer 1 of requires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, E LENGTH OF STAY IN 16 C. CITY-OR TOWN If autside comprate limits, write RURAL and give negrest town) write RURAL and give negrest tawn) HUGHESUILLE IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO completely fi NAME OF Middle 4. DATE Manth First Last Doy Year DECEASED OF. CHOLAS Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Months Hours Dovs WIDOWED DIVORCED YIS. 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) and in COUNTRY ? during most of working life, even if retired) CCD 14. MOTHER'S MAIDEN NAME burial, cremation, or remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying cause this certificate has been ar use as the State Dept. of Health prior to 19. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m. Not While factory, street, office bldg., etc.) 19 at work at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. 19____, that (I) (we) last be retained director, page 3 should should be filed with the , and that death occurred at, M. fram causes and an the date stated above saw the deceased alive of 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d._LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FLINERAL DIRECTOR VR A15 (4) 20 M 1/66



70	17083 CERTIFICATE OF DEATH 17076						R	
		COUNTY	farles	MARYLAN		yland	CGA-	
		write REPRAY and g	O N	c. LENGTH OF STAY IN Month in hospital, give street eddress)	d. STREET ADDRESS	PISG d	its, write RURAL end giva	a, IS RESIDE
00	3.	Addres R	+ 1 B0 x 407	Indie Her De	- 0	4. DATE OF	Month Day	ON A FA
		(Type or print)	. 11 0-	MARRIED NEVER MARKED	B. DATE OF BIRTH	DEATH 9. AGE (In yeers IF UNDER 1 YEAR Thinday) Months Deys	3 19 6 IF UNDER 24 1
	10e do	USUAL OCCUPATIOna during most of working	B	DOWED DIVORCED 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLICE (Cou	nly & State, or foreign	country) 12, CITIZEN O	S .
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9	15. (Ye	No or unkown) (Ifye	IN U.S. ARMED FORCES	215-07-09381	Ins Julian DE/	ozier, Rt.		IndianA
		PART I. DEATH	ATH [Enter only one cour WAS CAUSED BY: MEDIATE CAUSE (e)	Acute 874.		eilure	A OV	ESET AND DEA
	7	Conditions, if eny, gever rise to immediate	e ceusa	Hypertens	ve Heart	Disease	5 2	2041
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0	CERTIFICATION	2Da. ACCIDENT WAS		b. DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury in	Pert I or Pert II of item		YES NO
	MEDICAL CE	(IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour a.m.	SEDICAL EXAMINER)	20d. INJURY OCCURRED 20o.	PLACE OF INJURY (Home, far fectory, street, office bldg., et		(County)	(Sta
	W		11	attended the deceased from 1966, and t	400	19 4 0 to	19.6.6t	'''
		22a. SIGNATURE	Frank &	4 Pusan	25.10.	MED. STAI		/3/66
1		22c. PHYSICIAN'S NAME (Type)	Frenkt	A. Swan M.S			dian Head	old.
7	23e	BURIAL CREMATION REMOVAL (Specify)	N, 236. DATE THEREOF		es Cem	INDIAN		MD.
1).	24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	250. RE	C'D BY REGISTRAR 2	56. REGISTRAR'S SIGNA	TURE

n in the project of a second of the color of 1 11 1 SHAPLES ALDERED ! Sugar / Marie RoAdows Rolberto / In Parker Ly. Johnson Drung) Was - December 3 60 TEMBLE DEAD X WELLEY THE PE thousands Dury theme St. Eng. Cong Eld 21 4 I crope her word proved the there TOTAL TURNED BUTGERS, RT. 1 BERTON INCLOSED Acel Mysserdes tockers Friday J Approprie der Disens 2045 10 NOW 6 CE 45 4 17/2 CE Front A Juse 17.8 Rt 1 Bix 30 Indian Head Til SHE THERE IS A REST OF THE SHELL SHE the Harris and 1030 managina - Harris and was not and the